

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

We Vote - Nosotros Votamos - PPAMM Committee

ADDRESS (number and street) ▼

555 Capitol Mall, Suite 1425

☐ Check if different than previously reported. (ACC)

Sacramento

CA

95814

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00527226

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☒ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

01

01

2015

through

M M M /

D D D /

Y Y Y Y Y Y

06

30

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Joanne Parise

Signature of Treasurer

Joanne Parise

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

07

18

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

We Vote - Nosotros Votamos - PPAMM Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">60701.45</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">60701.45</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">60701.45</span>	<span style="border: 1px solid black; padding: 2px;">60701.45</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">1506.03</span>	<span style="border: 1px solid black; padding: 2px;">1506.03</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">59195.42</span>	<span style="border: 1px solid black; padding: 2px;">59195.42</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

We Vote - Nosotros Votamos - PPAMM Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 01 01 2015

To:

 M M / D D / Y Y Y Y Y  
 06 30 2015
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

0.00

0.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

0.00

0.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

0.00

0.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

0.00

0.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1155.48	1155.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1155.48	1155.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	319.55	319.55
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	31.00	31.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1506.03	1506.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1506.03	1506.03

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	1155.48	1155.48
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	1155.48	1155.48

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 19

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**We Vote - Nosotros Votamos - PPAMM Committee**

Full Name (Last, First, Middle Initial)

**A. Olson Hagel & Fishburn, LLP**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Legal & Reporting Services

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 15 2015**Transaction ID : EXPB226**

Amount of Each Disbursement this Period

146.50

Full Name (Last, First, Middle Initial)

**B. Olson Hagel & Fishburn, LLP**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Legal & Reporting Services

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 13 2015**Transaction ID : EXPB230**

Amount of Each Disbursement this Period

361.68

Full Name (Last, First, Middle Initial)

**C. Olson Hagel & Fishburn, LLP**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Legal & Reporting Services

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 13 2015**Transaction ID : EXPB245**

Amount of Each Disbursement this Period

226.98

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

735.16

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## We Vote - Nosotros Votamos - PPAMM Committee

Category/  
Type

Response	Percentage
Yes	90.60

Category/  
TypeCategory/  
Type

84.92

265.32

1000.48

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 8 OF 19

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

We Vote - Nosotros Votamos - PPAMM Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Advocates Mar Monte

Nature of Debt (Purpose):

Staff Time for Online Ads; 9/1 - 9/30

Mailing Address 1691 The Alameda

City State

Zip Code

San Jose

CA

95126

Outstanding Balance Beginning This Period

89.00

Transaction ID : PAYD206

Amount Incurred This Period

0.00

Payment This Period

89.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Advocates Mar Monte

Nature of Debt (Purpose):

Staff Time for Online Ads; 9/1 - 9/30

Mailing Address 1691 The Alameda

City State

Zip Code

San Jose

CA

95126

Outstanding Balance Beginning This Period

74.00

Transaction ID : PAYD207

Amount Incurred This Period

0.00

Payment This Period

74.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Advocates Mar Monte

Nature of Debt (Purpose):

Staff Time; 10/1 - 10/15

Mailing Address 1691 The Alameda

City

State

Zip Code

San Jose

CA

95126

Outstanding Balance Beginning This Period

29.00

Transaction ID : PAYD208

Amount Incurred This Period

0.00

Payment This Period

29.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 9 OF 19

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

We Vote - Nosotros Votamos - PPAMM Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Advocates Mar Monte

Nature of Debt (Purpose):

Staff Time; 10/1 - 10/15

Mailing Address 1691 The Alameda

City State

Zip Code

San Jose

CA

95126

Outstanding Balance Beginning This Period

29.00

Transaction ID : PAYD209

Amount Incurred This Period

0.00

Payment This Period

29.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Advocates Mar Monte

Nature of Debt (Purpose):

Staff Time for Online Ads

Mailing Address 1691 The Alameda

City State

Zip Code

San Jose

CA

95126

Outstanding Balance Beginning This Period

49.28

Transaction ID : PAYD227

Amount Incurred This Period

0.00

Payment This Period

49.28

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Advocates Mar Monte

Nature of Debt (Purpose):

Staff Time for Online Ads

Mailing Address 1691 The Alameda

City

State

Zip Code

San Jose

CA

95126

Outstanding Balance Beginning This Period

49.27

Transaction ID : PAYD228

Amount Incurred This Period

0.00

Payment This Period

49.27

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 10 OF 19  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>We Vote - Nosotros Votamos - PPAMM Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00527226
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Planned Parenthood Advocates Mar Monte</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 01 / 2014</b>
Mailing Address <b>1691 The Alameda</b>		Amount <b>37.00</b>
City <b>San Jose</b>	State <b>CA</b>	Zip Code <b>95126</b>
Purpose of Expenditure <b>Staff Time for Online Ads; 9/1-9/30</b>	Category/Type <b>24E</b>	Transaction ID : PDTE33 Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 25 / 2015</b>
Name of Federal Candidate <b>Ami Bera</b>		Office Sought: <input checked="" type="checkbox"/> House District: <b>07</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Planned Parenthood Advocates Mar Monte</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 01 / 2014</b>
Mailing Address <b>1691 The Alameda</b>		Amount <b>37.00</b>
City <b>San Jose</b>	State <b>CA</b>	Zip Code <b>95126</b>
Purpose of Expenditure <b>Staff Time for Online Ads; 9/1-9/30</b>	Category/Type <b>24A</b>	Transaction ID : PDTE34 Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 25 / 2015</b>
Name of Federal Candidate <b>Doug Ose</b>		Office Sought: <input checked="" type="checkbox"/> House District: <b>07</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>74.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Joanne Parise

[Electronically Filed]

Date

MM / DD / YYYY  
**07 / 18 / 2015**

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SE  
Transaction ID : PDTE33

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE  
Transaction ID: PDTE34

Payment for independent expenditure disseminated in prior period

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 12 OF 19  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>We Vote - Nosotros Votamos - PPAMM Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00527226
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Planned Parenthood Advocates Mar Monte</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 01 / 2014</b>
Mailing Address <b>1691 The Alameda</b>		Amount <b>44.50</b>
City <b>San Jose</b>	State <b>CA</b>	Zip Code <b>95126</b>
Purpose of Expenditure <b>Staff Time for Online Ads; 9/1-9/30</b>	Category/Type <b>24E</b>	Transaction ID : PDTE35 Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 25 / 2015</b>
Name of Federal Candidate <b>Amanda Renteria</b>		Office Sought: <input checked="" type="checkbox"/> House District: <b>21</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Planned Parenthood Advocates Mar Monte</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 01 / 2014</b>
Mailing Address <b>1691 The Alameda</b>		Amount <b>44.50</b>
City <b>San Jose</b>	State <b>CA</b>	Zip Code <b>95126</b>
Purpose of Expenditure <b>Staff Time for Online Ads; 9/1-9/30</b>	Category/Type <b>24A</b>	Transaction ID : PDTE36 Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 25 / 2015</b>
Name of Federal Candidate <b>David Valadao</b>		Office Sought: <input checked="" type="checkbox"/> House District: <b>21</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>89.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Joanne Parise

[Electronically Filed]

Date

MM / DD / YYYY  
**07 / 18 / 2015**

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SE  
Transaction ID : PDTE35

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE  
Transaction ID: PDTE36

Payment for independent expenditure disseminated in prior period

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 14 OF 19  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>We Vote - Nosotros Votamos - PPAMM Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00527226	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Planned Parenthood Advocates Mar Monte</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>10 / 08 / 2014</b>	
Mailing Address <b>1691 The Alameda</b>		Amount <b>14.50</b>	
City <b>San Jose</b>	State <b>CA</b>	Zip Code <b>95126</b>	Transaction ID : PDTE31
Purpose of Expenditure Staff Time for Online Ads; 10/1 - 10/15		Category/ Type <b>24E</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>02 / 25 / 2015</b>
Name of Federal Candidate <b>Amanda Renteria</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>21</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Planned Parenthood Advocates Mar Monte</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>10 / 08 / 2014</b>	
Mailing Address <b>1691 The Alameda</b>		Amount <b>14.50</b>	
City <b>San Jose</b>	State <b>CA</b>	Zip Code <b>95126</b>	Transaction ID : PDTE32
Purpose of Expenditure Staff Time for Online Ads; 10/1 - 10/15		Category/ Type <b>24A</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>02 / 25 / 2015</b>
Name of Federal Candidate <b>David Valadao</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>21</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>29.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Joanne Parise</b>		Date M M M / D D D / Y Y Y Y Y Y <b>07 / 18 / 2015</b>	
		[Electronically Filed]	

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Form/Schedule: SE

Transaction ID : PDTE31

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE

Transaction ID: PDTE32

Payment for independent expenditure disseminated in prior period

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 16 OF 19  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>We Vote - Nosotros Votamos - PPAMM Committee</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00527226		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee <b>Planned Parenthood Advocates Mar Monte</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 15 / 2014</b>		
Mailing Address <b>1691 The Alameda</b>			Amount <b>14.50</b>		
City <b>San Jose</b>		State <b>CA</b>	Zip Code <b>95126</b>		Transaction ID : PDTE29
Purpose of Expenditure Staff Time for Online Ads; 10/1 - 10/15		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 25 / 2015</b>		
Name of Federal Candidate <b>Doug Ose</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>07</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>		
Calendar Year-To-Date Per Election for Office Sought		MM / DD / YYYY <b>0.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Planned Parenthood Advocates Mar Monte</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 15 / 2014</b>		
Mailing Address <b>1691 The Alameda</b>			Amount <b>14.50</b>		
City <b>San Jose</b>		State <b>CA</b>	Zip Code <b>95126</b>		Transaction ID : PDTE30
Purpose of Expenditure Staff Time for Online Ads; 10/1 - 10/15		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 25 / 2015</b>		
Name of Federal Candidate <b>Ami Bera</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>07</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>		
Calendar Year-To-Date Per Election for Office Sought		MM / DD / YYYY <b>0.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			MM / DD / YYYY <b>29.00</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			MM / DD / YYYY		
(c) TOTAL Independent Expenditures..... ▶			MM / DD / YYYY		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Joanne Parise</i>		[Electronically Filed]		Date MM / DD / YYYY <b>07 / 18 / 2015</b>	



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Form/Schedule: SE  
Transaction ID : PDTE29

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE  
Transaction ID: PDTE30

Payment for independent expenditure disseminated in prior period

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 18 OF 19  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>We Vote - Nosotros Votamos - PPAMM Committee</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00527226	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Planned Parenthood Advocates Mar Monte</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>11 / 25 / 2014</b>		
Mailing Address <b>1691 The Alameda</b>		Amount <b>49.28</b>		
City <b>San Jose</b>	State <b>CA</b>	Zip Code <b>95126</b>	Transaction ID : PDTE37	
Purpose of Expenditure Staff Time for Online Ads		Category/ Type <b>24E</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>02 / 25 / 2015</b>	
Name of Federal Candidate <b>Ami Bera</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>07</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Planned Parenthood Advocates Mar Monte</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>11 / 25 / 2014</b>		
Mailing Address <b>1691 The Alameda</b>		Amount <b>49.27</b>		
City <b>San Jose</b>	State <b>CA</b>	Zip Code <b>95126</b>	Transaction ID : PDTE38	
Purpose of Expenditure Staff Time for Online Ads		Category/ Type <b>24A</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>02 / 25 / 2015</b>	
Name of Federal Candidate <b>Doug Ose</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>07</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>98.55</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....		<b>319.55</b>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <b>Joanne Parise</b>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y <b>07 / 18 / 2015</b>

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Form/Schedule: SE  
Transaction ID : PDTE37

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE  
Transaction ID: PDTE38

Payment for independent expenditure disseminated in prior period